

## SCHEDULE

NAME OF INSURED		BENEFICIARY		PREMIUMS PAYABLE	TYPE
WILLIAMS SPENCER		WILLIAMS SPENCER		WK	330
14758551	11 24 69	42	036	\$300	<del>15</del>
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE*	DISTRICT AGENCY
					36 37

\*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

330-7-67-\$300

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

WITNESS \_\_\_\_\_

BENEFICIARY \_\_\_\_\_


Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

**REGISTER OF CHANGE OF BENEFICIARY**

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

THE DATE ENDORSED early if the policy is in force as of DATE 7-3-78	NAME OF INSURED CHANGED TO Marie W. McLaughlin	LIBERTY NATIONAL LIFE INSURANCE CO. of the F. Insurance SECRETARY
ENDORSED BY	BENEFICIARY	Approved by _____

LIBERTY NATIONAL LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA						PAID-UP POLICY CERTIFICATE							
NAME OF INSURED		TYPE	POLICY NO.	ISSUE DATE		DISTRICT	AGE AT ISSUE	PREMIUM	DATE PAID TO		NEED FOR CHECK		
				AID.	DAY				MO.	DAY			
MCCONNELL FANNIE W		330	14750551	11	24	69	36	25	42	36	11	9	30



Fannie McConnell  
P. O. Box 208  
Collinsville, AL. 35961

THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES

SEE REVERSE SIDE

AL 3 ED. 10-47

THIS IS TO CERTIFY THAT THE POLICY ABOVE IS NOW PAID UP FOR LIFE AND PREMIUMS WILL BE DULY RETURNED

LIBERTY NATIONAL LIFE INSURANCE CO.

*Jasper H. [Signature]*

OVERPAYMENT OF PREMIUM

送还保费存查

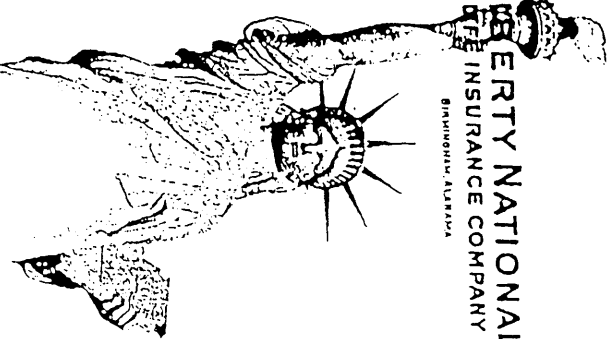
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DEC-09 1999 WED 09:09 AM WATSON, FEES, &amp; JIMMERSON

AX NO. 1 256 536 2329

P. 15

LIBERTY NATIONAL  
LIFE INSURANCE COMPANY  
BIRMINGHAM, ALABAMA



**ACCIDENT POLICY**

BENEFIT FOR DEATH BY ACCIDENTAL MEANS  
BENEFIT FOR LOSS OF EYESIGHT OR LIMB  
BENEFIT FOR DEATH BY TRAVEL ACCIDENT

PREMIUMS PAYABLE UNTIL POLICY  
ANNIVERSARY IMMEDIATELY PRECEDING  
INSURED'S 70TH BIRTHDAY

THIS POLICY IS NONCANCELLABLE AND  
GUARANTEED RENEWABLE UNTIL THE  
POLICY ANNIVERSARY IMMEDIATELY  
PRECEDING INSURED'S 70TH  
BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

387-4-07

POLICY NUMBER		NAME OF INSURED		BENEFICIARY		TYPE	
15153077		WILLIAM MCCORMICK		WILLIAMS MITCHELL		597/897	
6	29	1-70	42	5.12	WEEKLY	**1	5-15-1997
DATE OF ISSUE				AGE		PREMIUM	
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Month							

## ACCIDENT POLICY

LIBERTY NATIONAL  
LIFE INSURANCE COMPANY

BIRMINGHAM, ALABAMA

**INSURANCE BENEFITS**—We, Liberty National Life Insurance Company, enter into this agreement with you, the insured named in the schedule on Page 4. Beginning with the date of issue shown in the schedule we insure you for the amounts shown in the table below if premiums are paid as provided under "Premiums." Terms used in the table are defined in the following paragraphs.

TABLE OF INSURANCE BENEFITS			
BENEFIT FOR	BENEFIT PAYABLE		
	First Policy Year	From Second Policy Year Until Policy Anniversary Preceding 65th Birthday	Thereafter Until Policy Anniversary Preceding 70th Birthday
Accidental Death.....	\$1,000	\$2,000	\$1,000
Death by Travel Accident.....	3,000	6,000	3,000
Loss of Eyesight.....	2,500	5,000	2,500
Loss of One Limb.....	1,000	2,000	1,000
Loss of Two or More Limbs.....	2,500	5,000	2,500
On the anniversary of the date of issue immediately preceding your 70th birthday this policy will terminate and cease to be in force.			

**ACCIDENTAL DEATH**—Accidental death means death which is caused solely and directly by accidental injury and occurs within 90 days of such injury. Accidental injury means bodily injury effected solely through external and accidental means. No benefit for accidental death will be payable if death results directly or indirectly from any disease, illness, or infirmity or medical or surgical treatment therefor or from any of the "Exclusions from Coverage" listed below or if a benefit is payable under the provisions relating to "Death by Travel Accident" or "Loss of Eyesight or Limb."

**DEATH BY TRAVEL ACCIDENT**—Death by travel accident means death for which the accidental death benefit would otherwise be payable but which results from injuries sustained while you are a fare-paying passenger in a streetcar, bus, taxicab, train, airplane, steamship, or other vehicle operated as a public conveyance by a licensed common carrier for the transportation of passengers, or while you are a passenger in a school bus which is being operated during the regular session of a recognized public or private school for the transportation of students to or from school or to or from any organized school extracurricular activity.

**LOSS OF EYESIGHT OR LIMB**—Loss of eyesight means the total and irrecoverable loss of the entire sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. Any loss must be caused solely by disease or injuries sustained after the date of issue and you must survive the loss by at least 30 days. The maximum cumulative benefit payable under this provision is \$5,000.

The payment of any benefit under this provision shall terminate this Policy.

**EXCLUSIONS FROM COVERAGE**—This policy does not provide a benefit for any loss caused or contributed to by:

- (1) suicide while sane, or self-destruction or any attempt thereof while insane, or injuries intentionally inflicted upon yourself, whether sane or insane,
- (2) injuries intentionally inflicted upon you by any person unless such person was in the course of committing a robbery or burglary or an attempt thereof,
- (3) participating in an assault or felony,
- (4) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties,
- (5) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

Benefit for Death by Accidental Means

Benefit for Death by Travel Accident

Benefit for Loss of Eyesight or Limb

Premiums Payable Until Policy Anniversary Immediately Preceding Insured's 70th Birthday

This Policy Is Noncancellable and Guaranteed Renewable Until the Policy Anniversary Immediately Preceding Insured's 70th Birthday



DEC-09 1999 WED 09:10 AM

WATSON, FEES, &amp; JIMMERSON

X NO. 1 253 536 2389

P. 17

**PREMIUMS**—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. Premiums under this policy are payable either weekly or monthly as specified in the schedule on page 4 in the amount shown in the schedule. If premiums are payable weekly, they are due each Monday beginning with the date of issue; if payable monthly, they are due on the first of each month beginning with the date of issue. Premiums are payable until the policy anniversary immediately preceding the insured's 70th birthday. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that the payment is made at one of our offices.

**POLICY CONTROL**—If you are over 16 years of age, you have the entire ownership and control of this policy. If you are less than 16 years of age, the ownership and control of this policy will be vested in the beneficiary named herein from time to time until you reach your 16th birthday. In such case, if the beneficiary should die or cease to have custody and control of you, then ownership and control of this policy will be vested in the parent or legal guardian or other adult ~~having custody and control of you~~. The ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges granted in this policy.

**ENTIRE CONTRACT**—This policy, including any endorsements and attached papers, is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy or on paper attached to this policy signed by the President, a Vice-President, the Secretary, an Assistant Vice-President, or an Assistant Secretary of the Company. No agent has authority to change this policy or to waive any of its provisions.

**INCONTESTABILITY**—After this policy has been in force for a period of two years during the lifetime of the insured, it shall become incontestable as to the statements contained in the application. No claim for loss incurred commencing after two years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage under this policy.

**GRACE PERIOD**—A grace period of 4 weeks (or 31 days if premiums payable monthly) will be granted for the payment of each premium falling due after the first premium during which period this policy shall continue in force.

**REINSTATEMENT**—If any renewal premium is not paid within the time granted to you for paying the same, a subsequent acceptance of all premiums due and unpaid for a period not exceeding 8 weeks prior thereto by us or by any agent duly authorized by us to accept such premiums, shall reinstate this policy; provided, however, that if such agent requires, or if we require an application for reinstatement and a conditional receipt for the premium tendered is issued by us or by our agent, this policy will be reinstated upon our approval of such application, or, upon the forty-fifth day following the date of such conditional receipt unless we have previously notified you in writing of our disapproval of such application. The reinstated policy shall cover only death or other loss covered by this policy resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such diseases which may begin more than 10 days after such date. In all other respects, you and we shall have the same rights as provided under this policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

**NOTICE OF LOSS**—Written notice of loss must be given to us within thirty days after your accidental death or other loss covered by this policy; or as soon thereafter as is reasonably possible. Notice given to us by you or on your behalf or on behalf of the beneficiary at our Home Office in Birmingham, Alabama, or to one of our authorized agents, with information sufficient to identify you, shall be notice to us.

**CLAIM FORMS**—Upon receipt of notice of loss we will furnish to the claimant such forms as are usually furnished for filing claims. If such forms are not furnished within fifteen days after giving such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, and the character of the death or loss for which claim is made.

**PROOF OF LOSS**—In the event of accidental death or death by travel accident written proof of loss must be furnished to us at our Home Office within 90 days after the date of such loss. In the event of loss of eyesight or limb written proof of loss must be furnished to us at our Home Office within one year after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**PAYMENT OF INSURANCE BENEFITS**—As soon as we receive due proof of loss covered by this policy we will immediately pay the benefit provided. Any benefit for loss of life will be paid to the beneficiary designated in this policy at the time of payment. If no such designation is then effective, or if the beneficiary does not survive you, such benefit will be paid to your estate. Any other accrued benefit unpaid at your death, may, at the option of the Company, be paid either to the beneficiary or to your estate. All other benefits provided by this policy will be paid to you.

**PHYSICAL EXAMINATIONS**—We shall have the right and opportunity, at our own expense, to examine your person when and as often as we may reasonably require during the pendency of a claim hereunder.

**LEGAL ACTION**—No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss required by this policy has been furnished. No such action shall be brought after the expiration of four years from the time written proof of loss is required to be furnished.

**BENEFICIARY**—The original beneficiary of this policy is named in the schedule on Page 4. You may change the beneficiary at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change of beneficiary will be effective until we have endorsed it on this policy.

**AGE LIMIT**—The insurance granted hereunder shall not cover any person over sixty years of age on the date of issue of this policy, unless we accept premiums with the knowledge that the person is over sixty years of age.

**MISSTATEMENT OF AGE**—Where there is a misstatement of your age as shown in the schedule on Page 4, the coverage provided by this policy shall not become effective if, according to your correct age, you were over 60 years of age on the date of issue. This policy shall terminate on the anniversary of the date of issue immediately preceding your 70th birthday. In the event your age has been misstated and if, according to your correct age, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company shall be limited to the refund, upon request, of all premiums paid for the period not covered by this policy.

If your age has been misstated, but if according to your correct age on the date of issue the coverage provided by this policy would have become effective, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

**OPTION TO SURRENDER**—If the provisions of this policy are not satisfactory, you may surrender it to us for cancellation within two weeks from the date of issue. If this is done, we will refund all premiums which have been paid on this policy.

**ASSIGNMENT**—You may not assign this policy or any of its benefits.

**CONFORMITY WITH STATE STATUTES**—Any provision of this policy which, on its date of issue, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

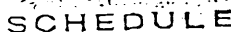
*Signed at Birmingham, Alabama by the President and Secretary of Liberty National Life Insurance Company as of the date of issue shown in the schedule on Page 4.*

*J. L. Burlison*  
SECRETARY

*Frank P. Sanford Jr.*  
PRESIDENT



**E**



NAME OF INSURED

BENEFICIARY

TYPE  
32/82

†If the named insured is under age 31 days at death, the Funeral Benefit will be one-half of the amount shown above.

**FUNERAL SERVICE AGREEMENT**

**AUTHORIZED FUNERAL DIRECTOR**—We have entered into agreements with various Funeral Directors for the furnishing of funeral merchandise and service in return for the Funeral Benefit payable under this policy. Such Funeral Directors are referred to herein as "Authorized Funeral Directors." Wherever the term "Authorized Funeral Director" is used, it means a Funeral Director under contract with the company. The names and addresses of all Authorized Funeral Directors are listed on the back of this policy.

M-3, Ed. 12-85



Fannie McConnell  
 P. O. Box 208  
 Collinsville, AL 35961

THIS CERTIFICATE SHOULD BE  
 ATTACHED TO THE POLICY  
 IT DESCRIBES

• SEE REVERSE SIDE •

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED  
 ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE  
 PREMIUMS WILL BE DUE.  
 LIBERTY NATIONAL LIFE INSURANCE CO.

*William E. Raveloff*  
 SECRETARY

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LIBERTY NATIONAL LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA											
PAID-UP POLICY CERTIFICATE											
NAME OF INSURED											
FANNIE W											
TYPE											
32B											
POLICY NO.											
21460692											
ISSUE DATE											
MO. 5 DAY 13 YR. 74											
DISTRICT											
67											
ASSIGN											
32											
AGE AT ISSUE											
46											
PREMIUM											
424											
DATE PAID TO											
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PAYOUT DATE											
MO. 4 DAY 1 YR. 92											

**F**

DEC-08-1999 WED 09:13 AM WATSON, FEES, &amp; JIMMERSON FAX NO. 1 256 536 2689

P. 23

BURIAL POLICY SERVICE of Alabama INSURANCE COMPANY BIRMINGHAM, ALA.		DUPLICATE
PREMIUMS PAYABLE FOR 15 YEARS	READ YOUR POLICY	AUTHORIZED UNDERTAKER

SCHEDULE						DUPLICATE		
NAME OF INSURED			BENEFICIARY			TYPE POLICY		
WILLIAMS SPENCER			WILLIAMS FANNIE K			F	F	
2341929	4	5	65	17	\$ .19 WK	\$300.00	36	20
POLICY NUMBER	MO.	DAY	YR.	AGE*	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DIST.	DCBIT
*INSURED'S AGE NEXT BIRTHDAY								

REGISTER OF CHANGE OF BENEFICIARY		
NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.		
DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS \_\_\_\_\_ BENEFICIARY \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

# SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

**CONSIDERATION**—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 66 years of age or over the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 66 through age 70	Premiums Payable for 12 Years
Age 71 through age 75	Premiums Payable for 10 Years
Age 76 through age 80	Premiums Payable for 8 Years
Age 81 through age 85	Premiums Payable for 6 Years
Age 86 and over	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 10% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3½% per annum.

**ALTERATION AND WAIVERS**—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

**CONDITIONS AND PROVISIONS**—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

**PREMIUMS PAYABLE OTHER THAN WEEKLY**—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.8. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

**PREMIUM PAYING PERIOD**—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

**EFFECTIVE DATE**—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

**GRACE PERIOD**—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

**REINSTATEMENT**—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

**IN WITNESS WHEREOF**, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



*J. L. Burleson*  
SECRETARY

*[Signature]*  
PRESIDENT

BURIAL POLICY.  
PREMIUMS PAYABLE 15 YEARS.



WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

**(4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.**

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$900, and if the insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

**(5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.**

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the insured, pay at its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements for and becoming obligated to pay the burial expenses of the deceased insured, the sum of \$137.50 in cash if the Insured was over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, or may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

**(10) NON-FORFEITURE BENEFITS**

**Extended Insurance**—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

**Cash Surrender Value**—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

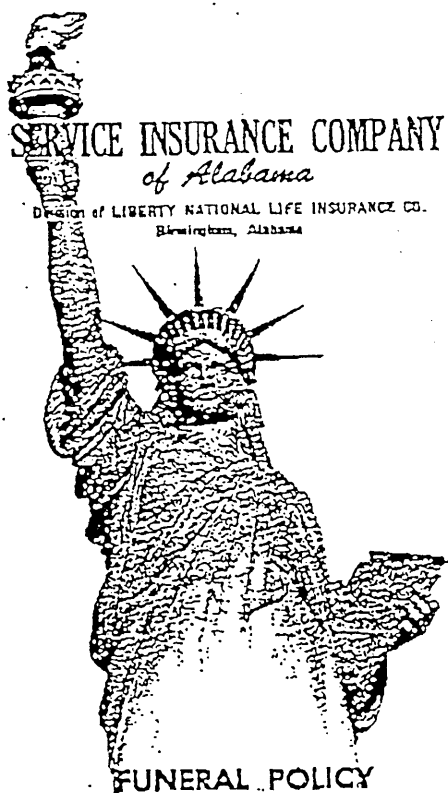
## TABLE OF NON-FORFEITURE BENEFITS

No. of Yrs. Premium Paid	5 YEARS		6 YEARS		7 YEARS		8 YEARS		9 YEARS		10 YEARS		11 YEARS		12 YEARS		13 YEARS		14 YEARS		15 YEARS	
	Extended Insurance Mon. A	Cash Value D	Extended Insurance Mon. A	Cash Value D	Extended Insurance Mon. A	Cash Value D	Extended Insurance Mon. A	Cash Value D	Extended Insurance Mon. A	Cash Value D	Extended Insurance Mon. A	Cash Value D	Extended Insurance Mon. A	Cash Value D	Extended Insurance Mon. A	Cash Value D	Extended Insurance Mon. A	Cash Value D	Extended Insurance Mon. A	Cash Value D	Extended Insurance Mon. A	Cash Value D
1	37	5	59	5	107	5	159	5	192	5	200	5	250	5	250	5	250	5	250	5	250	5
2	60	8	86	8	132	8	170	8	224	8	272	8	300	8	300	8	300	8	300	8	300	8
3	59	9	91	9	132	9	170	9	224	9	272	9	300	9	300	9	300	9	300	9	300	9
4	59	10	112	10	150	10	192	10	210	10	250	10	318	10	354	10	354	10	354	10	354	10
5	59	11	124	11	160	11	204	11	210	11	250	11	318	11	354	11	354	11	354	11	354	11
6	54	12	136	12	176	12	224	12	244	12	284	12	324	12	360	12	360	12	360	12	360	12
7	102	13	140	13	187	13	237	13	244	13	284	13	324	13	360	13	360	13	360	13	360	13
8	106	14	147	14	199	14	249	14	252	14	292	14	332	14	368	14	368	14	368	14	368	14
9	109	15	150	15	202	15	254	15	254	15	294	15	334	15	370	15	370	15	370	15	370	15
10	111	16	162	16	206	16	258	16	258	16	298	16	338	16	374	16	374	16	374	16	374	16
11	113	17	166	17	209	17	261	17	261	17	301	17	341	17	377	17	377	17	377	17	377	17
12	113	18	167	18	209	18	261	18	261	18	301	18	341	18	377	18	377	18	377	18	377	18
13	117	19	168	19	214	19	263	19	263	19	304	19	344	19	380	19	380	19	380	19	380	19
14	118	20	169	20	214	20	263	20	263	20	304	20	344	20	380	20	380	20	380	20	380	20
15	116	21	169	21	214	21	263	21	263	21	304	21	344	21	380	21	380	21	380	21	380	21
16	112	22	169	22	214	22	263	22	263	22	304	22	344	22	380	22	380	22	380	22	380	22
17	109	23	168	23	214	23	263	23	263	23	304	23	344	23	380	23	380	23	380	23	380	23
18	105	24	167	24	214	24	263	24	263	24	304	24	344	24	380	24	380	24	380	24	380	24
19	103	25	165	25	214	25	263	25	263	25	304	25	344	25	380	25	380	25	380	25	380	25
20	100	26	163	26	214	26	263	26	263	26	304	26	344	26	380	26	380	26	380	26	380	26
21	98	27	161	27	214	27	263	27	263	27	304	27	344	27	380	27	380	27	380	27	380	27
22	96	28	159	28	214	28	263	28	263	28	304	28	344	28	380	28	380	28	380	28	380	28
23	94	29	157	29	214	29	263	29	263	29	304	29	344	29	380	29	380	29	380	29	380	29
24	92	30	155	30	214	30	263	30	263	30	304	30	344	30	380	30	380	30	380	30	380	30
25	90	31	153	31	214	31	263	31	263	31	304	31	344	31	380	31	380	31	380	31	380	31
26	88	32	151	32	214	32	263	32	263	32	304	32	344	32	380	32	380	32	380	32	380	32
27	86	33	149	33	214	33	263	33	263	33	304	33	344	33	380	33	380	33	380	33	380	33
28	84	34	147	34	214	34	263	34	263	34	304	34	344	34	380	34	380	34	380	34	380	34
29	82	35	145	35	214	35	263	35	263	35	304	35	344	35	380	35	380	35	380	35	380	35
30	80	36	143	36	214	36	263	36	263	36	304	36	344	36	380	36	380	36	380	36	380	36
31	78	37	141	37	214	37	263	37	263	37	304	37	344	37	380	37	380	37	380	37	380	37
32	76	38	139	38	214	38	263	38	263	38	304	38	344	38	380	38	380	38	380	38	380	38
33	74	39	137	39	214	39	263	39	263	39	304	39	344	39	380	39	380	39	380	39	380	39
34	72	40	135	40	214	40	263	40	263	40	304	40	344	40	380	40	380	40	380	40	380	40
35	70	41	133	41	214	41	263	41	263	41	304	41	344	41	380	41	380	41	380	41	380	41
36	68	42	131	42	214	42	263	42	263	42	304	42	344	42	380	42	380	42	380	42	380	42
37	66	43	129	43	214	43	263	43	263	43	304	43	344	43	380	43	380	43	380	43	380	43
38	64	44	127	44	214	44	263	44	263	44	304	44	344	44	380	44	380	44	380	44	380	44
39	62	45	125	45	214	45	263	45	263	45	304	45	344	45	380	45	380	45	380	45	380	45
40	60	46	123	46	214	46	263	46	263	46	304	46	344	46	380	46	380	46	380	46	380	46
41	58	47	121	47	214	47	263	47	263	47	304	47	344	47	380	47	380	47	380	47	380	47
42	56	48	119	48	214	48	263	48	263	48	304	48	344	48	380	48	380	48	380	48	380	48
43	54	49	117	49	214	49	263	49	263	49	304	49	344	49	380	49	380	49	380	49	380	49
44	52	50	115	50	214	50	263	50	263	50	304	50	344	50	380	50	380	50	380	50	380	50
45	50	51	113	51	214	51	263	51	263	51	304	51	344	51	380	51	380	51	380	51	380	51
46	48	52	111	52	214	52	263	52	263	52	304	52	344	52	380	52	380	52	380	52	380	52
47	46	53	109	53	214	53	263	53	263	53	304	53	344	53	380	53	380	53	380	53	380	53
48	44	54	107	54	214	54	263	54	263	54	304	54	344	54	380	54	380	54	380	54	380	54
49	42	55	105	55	214	55	263	55	263	55	304	55	344	55	380	55	380	55	380	55	380	55
50	40	56	103	56	214	56	263	56	263	56	304	56	344	56	380	56	380	56	380	56	380	56
51	38	57	101	57	214	57	263	57	263	57	304	57	344	57	380	57	380	57	380	57	380	57
52	36	58	99	58	214	58	263	58	263	58	304	58	344	58	380	58	380	58	380	58	380	58
53	34	59	97	59	214	59	263	59	263	59	304	59	344	59	380	59	380	59	380	59	380	59
54	32	60	95	60	214	60	263	60	263	60	304	60	344	60	380	60	380	60	380	60	380	60
55	30	61	93	61	214	61	263	61	263	61	304	61	344	61	380	61	380	61	380	61	380	61
56	28	62	91	62	214	62	263	62	263	62	304	62	344	62	380	62	380	62	380	62	380	62
57	26	63	89	63	214	63	263	63	263	63	304	63	344	63	380	63	380	63	380	63	380	63
58	24	64	87	64	214	64	263	64	263	64	304	64	344	64	380	64	380	64	380	64	380	64
59	22	65	85	65	214	65	263	65	263	65	304	65	344	65	380	65	380	65	380	65	380	65
60	20	66	83	66	214	66	263	66	263	66	304	66	344	66	380	66	380	66	380	66	380	66
61	18	67	81	67	214	67	263	67	263	67	304	67	344	67	380	67	380	67	380	67	380	67
62	16	68	79	68	214	68	263	68	263	68	304	68	344	68	380	68	380	68	380	68	380	68
63	14	69	77	69	214	69	263	69	263	69	304	69	344	69	380	69	380	69	380	69	380	69
64	12	70	75	70	214	70	263	70	263	70	304	70	344	70	380	70	380	70	380	70	380	70
65	10	71	73	71	214	71	263	71	263	71	304	71	344	71	380	71	380	71	380	71	380	71
66	8	72	71	72	214	72	263	72	263	72	304	72	344	72	380	72	380	72	380	72	380	72
67	6	73	69	73	214	73	263	73	263	73	304	73	344	73	380	73	380	73	380	73	380	73
68	4	74	67	74	214	74	263	74	263	74	304	74	344	74	380	74	380	74	380	74	380	74
69																						

\* Premium must have been paid on this Policy for the number of years indicated in the first line of the foregoing table to obtain the benefits indicated. See paragraph

LIBERTY NATIONAL LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA				PAID-UP POLICY CERTIFICATE			
NAME OF INSURED		TYPE	POLICY NO.	DATE PAID TO	DATE PAID BY	DATE PAID TO	DATE PAID BY
WILLIAM SPENCER		F	4-1-1-1	3-17-00	3-17-00	3-17-00	3-17-00
AGE		DATE OF BIRTH	DATE OF DEATH	DATE OF PAID TO	DATE OF PAID BY	DATE OF PAID TO	DATE OF PAID BY
17		3-17-00	3-17-00	3-17-00	3-17-00	3-17-00	3-17-00
GROSS AMOUNT PAID		NET OVERPAYMENT		FOR WHICH A CHECK IS ENCLOSED			
7,777.77		7,777.77		7,777.77			
THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES		SEE REVERSE SIDE		THIS IS TO CERTIFY THAT THE POLICY DESCRIBED ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE PREMIUMS WILL BE DUE.			
LIBERTY NATIONAL LIFE INSURANCE CO.		Joseph H. Kneble		SECRETARY			

**G**



WEEKLY PREMIUMS PAYABLE FOR 12 YEARS

BENEFIT FOR ACCIDENTAL DEATH

NONPARTICIPATING INDUSTRIAL POLICY

## SCHEDULE

NAME OF INSURED	BENEFICIARY		PREMIUM PAYABLE		TYPE
			W	K	
WILLIAMS SPENCER	WILLIAMS FANNIE		W	K	330
14750553	11 24 69	21	023	712	15
	MO. DAY YR.	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE	DISTRICT AGENCY
POLICY NUMBER	DATE OF ISSUE				

Each prior to age ten, the retail value is a reduced amount providing comparable benefits.

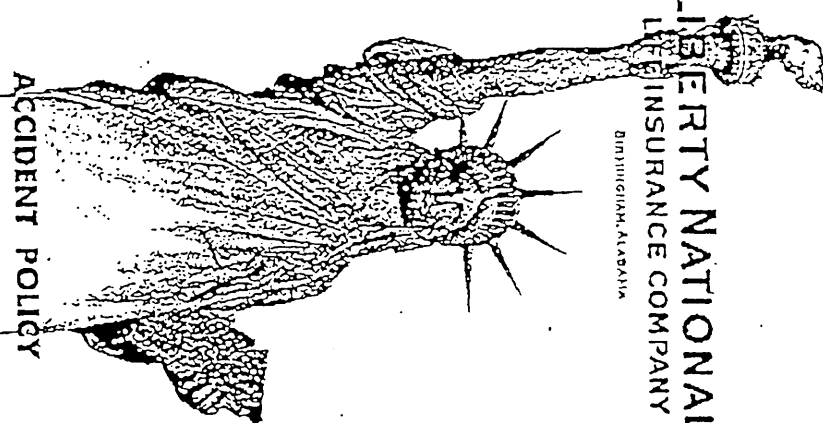


**SECRETARY**



H

**LIBERTY NATIONAL**  
**LIFE INSURANCE COMPANY**  
 BIRMINGHAM, ALABAMA



**ACCIDENT POLICY**

BENEFIT FOR DEATH BY ACCIDENTAL MEANS  
 \_\_\_\_\_

BENEFIT FOR DEATH BY AUTOMOBILE  
 ACCIDENT  
 \_\_\_\_\_

BENEFIT FOR DEATH BY TRAVEL ACCIDENT  
 \_\_\_\_\_

PREMIUMS PAYABLE UNTIL POLICY  
 ANNIVERSARY IMMEDIATELY PRECEDING  
 INSURED'S 70TH BIRTHDAY  
 \_\_\_\_\_

THIS POLICY IS NONCANCELLABLE AND  
 GUARANTEED RENEWABLE UNTIL THE  
 POLICY ANNIVERSARY IMMEDIATELY  
 PRECEDING INSURED'S 70TH  
 BIRTHDAY  
 \_\_\_\_\_

NONPARTICIPATING INDUSTRIAL POLICY


-4-07

SCHEDULE									
POLICY NUMBER	NAME OF INSURED			BENEFICIARY			TYPE		
							590/890		
<p>DATE OF ISSUE: Month Day Year AGE PREMIUM AMOUNT OF INSURANCE Month Day Year AGENCY DISTRICT</p> <p>Amount of insurance benefits shown on page one</p>									



DE 99 10:55AM WATSON FEES JIMMERSON

P.8/19

F-6-35	AUTHORIZED UNDERTAKER	READ YOUR POLICY	PREMIUM PAYABLE FOR 11 YEARS		IRMININGHAM, ALA.	SERVICE INSURANCE COMPANY of Alabama	BURIAL POLICY

NAME OF INSURED				BENEFICIARY			TYPE POLICY	
WILLIAMS NETA A				WILLIAMS FANNIE K			F	
F 2341930 POLICY NUMBER	4	5	63	9	\$ .16 (CENTS) WEEKLY PREMIUM	\$300.00 RETAIL VALUE (ADULTS)	36 DAYS	20 DAYS
	DATE OF ISSUE			AGE*				

\*INSURED'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY		
NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.		
DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

\_\_\_\_\_  
WITNESSES

\_\_\_\_\_  
BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

# SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

CONSIDERATION—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured, until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 55 years of age or over, the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 66 through age 70	Premiums Payable for 12 Years
Age 71 through age 75	Premiums Payable for 10 Years
Age 76 through age 80	Premiums Payable for 8 Years
Age 81 through age 85	Premiums Payable for 6 Years
Age 86 and over	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3 1/4% per annum.

ALTERATION AND WAIVERS—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

CONDITIONS AND PROVISIONS—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

PREMIUMS PAYABLE OTHER THAN WEEKLY—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.3. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

PREMIUM PAYING PERIOD—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

EFFECTIVE DATE—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

GRACE PERIOD—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

REINSTATEMENT—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

IN WITNESS WHEREOF, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



*J. L. Burleson*  
SECRETARY

*[Signature]*  
PRESIDENT

BURIAL POLICY.  
PREMIUMS PAYABLE 15 YEARS.

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P.18/19

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS.

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

(4) **BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.**

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the Insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased Insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to the furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

(5) **BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.**

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the Insured, pay at its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements for and becoming obligated to pay the burial expenses of the deceased Insured, the sum of \$137.50 in cash if the Insured is over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

(10) **NON-FORFEITURE BENEFITS**

**Extended Insurance**—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

**Cash Surrender Value**—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain a Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.



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## TABLE OF NON-FORFEITURE BENEFITS

Age at Issue	5 YEARS		7 YEARS		9 YEARS		10 YEARS		11 YEARS		12 YEARS		13 YEARS		14 YEARS		15 YEARS		16 YEARS		17 YEARS		18 YEARS		19 YEARS		20 YEARS		21 YEARS		22 YEARS		23 YEARS		24 YEARS		25 YEARS		26 YEARS		27 YEARS		28 YEARS		29 YEARS		30 YEARS		31 YEARS		32 YEARS		33 YEARS		34 YEARS		35 YEARS		36 YEARS		37 YEARS		38 YEARS		39 YEARS		40 YEARS		41 YEARS		42 YEARS		43 YEARS		44 YEARS		45 YEARS		46 YEARS		47 YEARS		48 YEARS		49 YEARS		50 YEARS		51 YEARS		52 YEARS		53 YEARS		54 YEARS		55 YEARS		56 YEARS		57 YEARS		58 YEARS		59 YEARS		60 YEARS		61 YEARS		62 YEARS		63 YEARS		64 YEARS		65 YEARS		66 YEARS		67 YEARS		68 YEARS		69 YEARS		70 YEARS		71 YEARS		72 YEARS		73 YEARS		74 YEARS		75 YEARS		76 YEARS		77 YEARS		78 YEARS		79 YEARS		80 YEARS		81 YEARS		82 YEARS		83 YEARS		84 YEARS		85 YEARS		86 YEARS		87 YEARS		88 YEARS		89 YEARS		90 YEARS		91 YEARS		92 YEARS		93 YEARS		94 YEARS		95 YEARS		96 YEARS		97 YEARS		98 YEARS		99 YEARS		100 YEARS		101 YEARS		102 YEARS		103 YEARS		104 YEARS		105 YEARS		106 YEARS		107 YEARS		108 YEARS		109 YEARS		110 YEARS		111 YEARS		112 YEARS		113 YEARS		114 YEARS		115 YEARS		116 YEARS		117 YEARS		118 YEARS		119 YEARS		120 YEARS		121 YEARS		122 YEARS		123 YEARS		124 YEARS		125 YEARS		126 YEARS		127 YEARS		128 YEARS		129 YEARS		130 YEARS		131 YEARS		132 YEARS		133 YEARS		134 YEARS		135 YEARS		136 YEARS		137 YEARS		138 YEARS		139 YEARS		140 YEARS		141 YEARS		142 YEARS		143 YEARS		144 YEARS		145 YEARS		146 YEARS		147 YEARS		148 YEARS		149 YEARS		150 YEARS		151 YEARS		152 YEARS		153 YEARS		154 YEARS		155 YEARS		156 YEARS		157 YEARS		158 YEARS		159 YEARS		160 YEARS		161 YEARS		162 YEARS		163 YEARS		164 YEARS		165 YEARS		166 YEARS		167 YEARS		168 YEARS		169 YEARS		170 YEARS		171 YEARS		172 YEARS		173 YEARS		174 YEARS		175 YEARS		176 YEARS		177 YEARS		178 YEARS		179 YEARS		180 YEARS		181 YEARS		182 YEARS		183 YEARS		184 YEARS		185 YEARS		186 YEARS		187 YEARS		188 YEARS		189 YEARS		190 YEARS		191 YEARS		192 YEARS		193 YEARS		194 YEARS		195 YEARS		196 YEARS		197 YEARS		198 YEARS		199 YEARS		200 YEARS		201 YEARS		202 YEARS		203 YEARS		204 YEARS		205 YEARS		206 YEARS		207 YEARS		208 YEARS		209 YEARS		210 YEARS		211 YEARS		212 YEARS		213 YEARS		214 YEARS		215 YEARS		216 YEARS		217 YEARS		218 YEARS		219 YEARS		220 YEARS		221 YEARS		222 YEARS		223 YEARS		224 YEARS		225 YEARS		226 YEARS		227 YEARS		228 YEARS		229 YEARS		230 YEARS		231 YEARS		232 YEARS		233 YEARS		234 YEARS		235 YEARS		236 YEARS		237 YEARS		238 YEARS		239 YEARS		240 YEARS		241 YEARS		242 YEARS		243 YEARS		244 YEARS		245 YEARS		246 YEARS		247 YEARS		248 YEARS		249 YEARS		250 YEARS		251 YEARS		252 YEARS		253 YEARS		254 YEARS		255 YEARS		256 YEARS		257 YEARS		258 YEARS		259 YEARS		260 YEARS		261 YEARS		262 YEARS		263 YEARS		264 YEARS		265 YEARS		266 YEARS		267 YEARS		268 YEARS		269 YEARS		270 YEARS		271 YEARS		272 YEARS		273 YEARS		274 YEARS		275 YEARS		276 YEARS		277 YEARS		278 YEARS		279 YEARS		280 YEARS		281 YEARS		282 YEARS		283 YEARS		284 YEARS		285 YEARS		286 YEARS		287 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YEARS		743 YEARS		744 YEARS		745 YEARS		746 YEARS		747 YEARS		748 YEARS		749 YEARS		750 YEARS		751 YEARS		752 YEARS		753 YEARS		754 YEARS		755 YEARS		756 YEARS		757 YEARS		758 YEARS		759 YEARS		760 YEARS		761 YEARS		762 YEARS		763 YEARS		764 YEARS		765 YEARS		766 YEARS		767 YEARS		768 YEARS		769 YEARS		770 YEARS		771 YEARS		772 YEARS		773 YEARS		774 YEARS		775 YEARS		776 YEARS		777 YEARS		778 YEARS		779 YEARS		780 YEARS		781 YEARS		782 YEARS		783 YEARS		784 YEARS		785 YEARS		786 YEARS		787 YEARS		788 YEARS		789 YEARS		790 YEARS		791 YEARS		792 YEARS		793 YEARS		794 YEARS		795 YEARS		796 YEARS		797 YEARS		798 YEARS		799 YEARS		800 YEARS		801 YEARS		802 YEARS		803 YEARS		804 YEARS		805 YEARS		806 YEARS		807 YEARS		808 YEARS		809 YEARS		810 YEARS		811 YEARS		812 YEARS		813 YEARS		814 YEARS		815 YEARS		816 YEARS		817 YEARS		818 YEARS		819 YEARS		820 YEARS		821 YEARS		822 YEARS		823 YEARS		824 YEARS		825 YEARS		826 YEARS		827 YEARS		828 YEARS		829 YEARS		830 YEARS		831 YEARS		832 YEARS		833 YEARS		834 YEARS		835 YEARS		836 YEARS		837 YEARS		838 YEARS		839 YEARS		840 YEARS		841 YEARS		842 YEARS		843 YEARS		844 YEARS		845 YEARS		846 YEARS		847 YEARS		848 YEARS		849 YEARS		850 YEARS		851 YEARS		852 YEARS		853 YEARS		854 YEARS		855 YEARS		856 YEARS		857 YEARS		858 YEARS		859 YEARS		860 YEARS		861 YEARS		862 YEARS		863 YEARS		864 YEARS		865 YEARS		866 YEARS		867 YEARS		868 YEARS		869 YEARS		870 YEARS		871 YEARS		872 YEARS		873 YEARS		874 YEARS		875 YEARS		876 YEARS		877 YEARS		878 YEARS		879 YEARS		880 YEARS		881 YEARS		882 YEARS		883 YEARS		884 YEARS		885 YEARS		886 YEARS		887 YEARS		888 YEARS		889 YEARS		890 YEARS		891 YEARS		892 YEARS		893 YEARS		894 YEARS		895 YEARS		896 YEARS		897 YEARS		898 YEARS		899 YEARS		900 YEARS		901 YEARS		902 YEARS		903 YEARS		904 YEARS		905 YEARS		906 YEARS		907 YEARS		908 YEARS		909 YEARS		910 YEARS		911 YEARS		912 YEARS		913 YEARS		914 YEARS		915 YEARS		916 YEARS		917 YEARS		918 YEARS		919 YEARS		920 YEARS		921 YEARS		922 YEARS		923 YEARS		924 YEARS		925 YEARS		926 YEARS		927 YEARS		928 YEARS		929 YEARS		930 YEARS		931 YEARS		932 YEARS		933 YEARS		934 YEARS		935 YEARS		936 YEARS		937 YEARS		938 YEARS		939 YEARS		940 YEARS		941 YEARS		942 YEARS		943 YEARS		944 YEARS		945 YEARS		946 YEARS		947 YEARS		948 YEARS		949 YEARS		950 YEARS		951 YEARS		952 YEARS		953 YEARS		954 YEARS		955 YEARS		956 YEARS		957 YEARS		958 YEARS		959 YEARS		960 YEARS		961 YEARS		962 YEARS		963 YEARS		964 YEARS		965 YEARS		966 YEARS		967 YEARS		968 YEARS		969 YEARS		970 YEARS		971 YEARS		972 YEARS		973 YEARS		974 YEARS		975 YEARS		976 YEARS		977 YEARS		978 YEARS		979 YEARS		980 YEARS		981 YEARS		982 YEARS		983 YEARS		984 YEARS		985 YEARS		986 YEARS		987 YEARS		988 YEARS		989 YEARS		990 YEARS		991 YEARS		992 YEARS		993 YEARS		994 YEARS		995 YEARS		996 YEARS		997 YEARS		998 YEARS		999 YEARS		1000 YEARS		1001 YEARS		1002 YEARS		1003 YEARS		1004 YEARS		1005 YEARS		1006 YEARS		1007 YEARS		1008 YEARS		1009 YEARS		1010 YEARS		1011 YEARS		1012 YEARS		1013 YEARS		1014 YEARS		1015 YEARS		1016 YEARS		1017 YEARS		1018 YEARS		1019 YEARS		1020 YEARS		1021 YEARS		1022 YEARS		1023 YEARS		1024 YEARS		1025 YEARS		1026 YEARS		1027 YEARS		1028 YEARS		1029 YEARS		1030 YEARS		1031 YEARS		1032 YEARS		1033 YEARS		1034 YEARS		1035 YEARS		1036 YEARS		1037 YEARS		1038 YEARS		1039 YEARS		1040 YEARS		1041 YEARS	
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DEC 28 '99 11:03AM WA

FEES JIMPERSON

P.12/19

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
BIRMINGHAM, ALABAMA

**PAID-UP POLICY CERTIFICATE**

DATE 11/23/81

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			DISTRICT	AGENT	AGE	AT	PREMIUM	DATE PAID TO			PAYOFF DATE		
			MO.	DAY	YR.						MO.	DAY	YR.	MO.	DAY	YR.
WILLIAMS NETA A	330	14768583	11	24	69	36	26	13	18	11	9	11	11	9	81	

OVERPAYMENT OF PREMIUM  
FOR WHICH A CHECK IS ENCLOSED

NET OVERPAYMENT  
FOR WHICH A CHECK IS ENCLOSED

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE PREMIUMS WILL BE DUE.

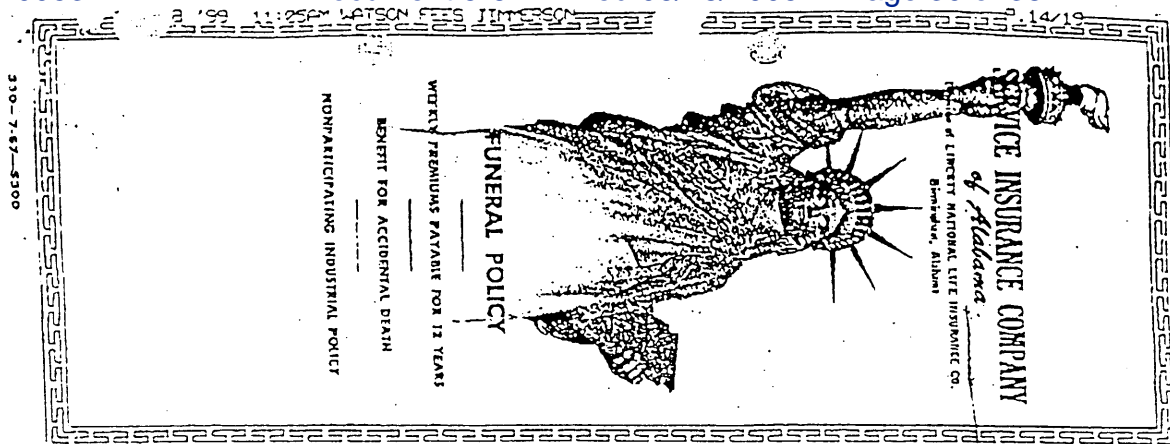
LIBERTY NATIONAL LIFE INSURANCE CO.

*Joseph A. Asaugh Jr.*  
SECRETARY

THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES. \*SEE REVERSE SIDE.\*

MAILED 10-67

J



## SCHEDULE

NAME OF INSURED		BENEFICIARY				PREMIUMS PAYABLE	TYPE
WILLIAMS NETA A		WILLIAMS FANNIE				WK	330
14758555	11 24 69	13	018		\$300	712	15
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE	DISTRICT	AGENCY	

\*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

## REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

# SERVICE INSURANCE COMPANY *of Alabama*

DIVISION OF LIBERTY NATIONAL LIFE INSURANCE COMPANY

**INSURANCE AGREEMENT**—Subject to the terms and conditions of this policy we insure your life for the purpose of providing at your death the funeral benefit described below. This insurance is effective on the date of issue shown in the schedule on Page 4 if you are in good health on that date and if premiums are paid as provided under "Premiums".

**AUTHORIZED FUNERAL DIRECTOR**—We have authorized various funeral directors throughout Alabama to furnish the funeral benefit provided by this policy, and such benefit is to be furnished only by an authorized funeral director. As used in this policy "Authorized Funeral Director" means a funeral director authorized by us at the time of your death. "Retail Value", as used in this policy, refers to the retail prices charged by authorized funeral directors. We will furnish you upon request the names and addresses of all authorized funeral directors.

**FUNERAL BENEFIT**—If your death occurs within the State of Alabama and within 35 miles of an authorized funeral director, we will provide for you, through an authorized funeral director, a funeral of the retail value of \$300 (or in the event your death occurs prior to your tenth birthday, a funeral of a reduced retail value providing comparable benefits). The funeral shall include the following:

- Casket and suit or dress.
- Transportation of remains to funeral home (not to exceed 35 miles).
- Embalming and preparation of remains.
- Use of funeral parlor.
- A place where the funeral service may be held.
- Assistance in conducting the funeral service.
- Use of funeral coach for transportation of remains to church, home, cemetery, railway station, or other point within 35 miles of funeral home.
- Railway transportation of remains to any point within the continental United States (not including Alaska or Hawaii).
- In the event remains are shipped to a point served by an authorized funeral director, funeral coach service by such funeral director for a distance not to exceed 35 miles from such point.

Neither we nor any authorized funeral director shall be liable for any expense in connection with merchandise or service furnished by anyone other than an authorized funeral director. If the services of an authorized funeral director are not used, our sole liability under this provision shall be to furnish the casket called for in this provision.

If at your death you are insured by the company under another burial policy providing for a funeral of the retail value of \$250 or \$300, we will in lieu of furnishing the funeral benefit specified in this policy and the other policy, furnish for you a funeral of the retail value of \$600 including a metal casket.

**BENEFIT WHERE FUNERAL BENEFIT NOT AVAILABLE**—If your death occurs outside the State of Alabama or more than 35 miles from an authorized funeral director, we will pay a cash benefit of \$150 (\$75 if your death occurs before your first birthday) in lieu of the funeral benefit.

In such case payment may be made to the beneficiary, or to your executor or administrator, or to any relative of yours by blood or legal adoption or connection by marriage, or to any person appearing to us to be equitably entitled to payment by reason of having incurred expense for your maintenance, medical attention, or burial.

**PREMIUMS**—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. The amount of the weekly premium is shown in the schedule on Page 4. This premium is due each Monday beginning with the date of issue and continuing for a period of twelve years. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that payment is made at one of our offices.

**GRACE PERIOD**—If any premium is not paid within 4 weeks of the date when it is due, this policy will lapse and cease to be in force except as provided under "Extended Insurance".

## FUNERAL POLICY

Weekly Premiums Payable for 12 Years

Benefit for Accidental Death

NONPARTICIPATING INDUSTRIAL POLICY



**ACCIDENTAL DEATH BENEFIT**—Upon receipt at our Home Office of due proof that your death, prior to your 65th birthday, resulted from bodily injuries effected solely through external and accidental means and independently of all other causes and within 90 days from the date of such injuries while this policy was in full force and effect, we will, subject to the exclusions below, pay to your beneficiary an additional death benefit of \$100 (or an additional death benefit of \$50 in the event your accidental death occurs prior to your first birthday).

**Exceptions**—No benefit for accidental death will be payable: (1) if death occurs while this policy is being continued in force as extended insurance; (2) if the injury or death is caused or contributed to by (a) self-destruction, whether sane or insane, (b) any disease, illness, or infirmity, (c) medical or surgical treatment, (d) participation in an assault or felony, (e) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties, or (f) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

**LOSS OF EYESIGHT OR LIMBS**—Upon receipt at our Home Office of due proof of the loss of your eyesight or the loss of two or more of your limbs, prior to your 65th birthday, we will endorse this policy to waive all future premiums as they become due. Loss of eyesight means the total and permanent loss of sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. The insurance against loss of eyesight or limbs is subject to the following conditions and exceptions:

**Conditions**—(a) The loss must be caused solely by disease contracted or injuries sustained after the date of issue, and (b) due proof of the loss must be presented to us within two years from the date of the loss.

**Exceptions**—No insurance is provided against any loss of eyesight or limb which occurs while this policy is being continued in force as extended insurance or which results from (a) intentionally inflicted injury, whether sane or insane, or (b) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

**RESERVE BASIS**—The basis of reserves for this policy is the Commissioners 1961 Standard Industrial Mortality Table, Commissioners Reserve Valuation Method, with interest at 3½% per year. The amount on which the reserve is maintained and computed under this policy is 50% of the retail value stated in this policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 50% of such retail value.

**NONFORFEITURE BENEFITS**—The two following paragraphs provide for extended insurance and cash values after premiums have been paid for the periods shown. These benefits are computed by the Standard Nonforfeiture Value Method using the Commissioners 1961 Standard Industrial Mortality Table with interest at 3½% per year, except that extended term benefits are calculated on the Commissioners 1961 Industrial Extended Term Table with interest at 3½% per year. The benefits shown are those available after premiums have been paid for the exact periods shown. If there is no indebtedness against this policy, the actual calculation of any benefit will take into account the payment of premiums for a portion of a year beyond the exact number of years shown. Benefits for years after those shown will be furnished upon request.

**EXTENDED INSURANCE**—If this policy should lapse after premiums have been paid for the period of time shown, and has not been surrendered for its Cash Value, the insurance on your life will be continued without further premium payments for the number of years and months shown in the table below. The extended insurance will begin on the date the first unpaid premium was due.

**TERMS OF EXTENDED INSURANCE FOR EACH AGE AT ISSUE**

Age Last Birthday at Date of Issue	PREMIUMS PAID FOR												Age Last Birthday at Date of Issue
	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	
0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0
1	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1
2	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	2
3	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	3
4	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	4
5	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	5
6	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	6
7	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7
8	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	8
9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	9
10	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	10
11	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	11
12	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	12
13	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	13
14	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	14
15	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	15
16	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	16
17	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	17
18	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	18
19	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	19
20	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	20
21	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	21
22	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	22
23	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	23
24	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	24
25	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	25
26	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	26
27	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	27
28	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	28
29	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	29
30	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	30
31	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	31
32	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	32
33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	33
34	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	34
35	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	35
36	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	36
37	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	37
38	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	38
39	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	39
40	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	40
41	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	41
42	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	42
43	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	43
44	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	44
45	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	45
46	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	46
47	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	47
48	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	48
49	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	49
50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	50
51	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	51
52	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	52
53	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	53
54	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	54
55	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	55
56	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	56
57	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	57
58	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	58
59	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	59
60	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	60
61	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	61
62	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	62
63	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	63
64	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	64
65	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	65



28 199 11:28AM WATSON FEES JIMMERSON

P.17/19

**CASH VALUE**—After premiums have been paid for three years this policy will have a cash value. You may receive this value by making written application for it and surrendering this policy to us for cancellation. If this is done while no premium is more than 13 weeks past due, the cash value will be the amount shown in the table below. Otherwise it will be the net single premium for the remaining unexpired extended insurance. We reserve the right to defer payment of the cash value for a period of six months.

CASH VALUES FOR EACH AGE AT ISSUE

Age Last Birthday at Date of Issue	PREMIUMS PAID FOR										Age Last Birthday at Date of Issue
	1 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	
0	1	4	8	12	17	21	24	27	29	31	0
1	1	4	8	12	17	21	24	27	29	31	1
2	1	4	8	12	17	21	24	27	29	31	2
3	1	4	8	12	17	21	24	27	29	31	3
4	1	4	8	12	17	21	24	27	29	31	4
5	1	4	8	12	17	21	24	27	29	31	5
6	1	4	8	12	17	21	24	27	29	31	6
7	1	4	8	12	17	21	24	27	29	31	7
8	1	4	8	12	17	21	24	27	29	31	8
9	1	4	8	12	17	21	24	27	29	31	9
10	1	4	8	12	17	21	24	27	29	31	10
11	1	4	8	12	17	21	24	27	29	31	11
12	1	4	8	12	17	21	24	27	29	31	12
13	1	4	8	12	17	21	24	27	29	31	13
14	1	4	8	12	17	21	24	27	29	31	14
15	1	4	8	12	17	21	24	27	29	31	15
16	1	4	8	12	17	21	24	27	29	31	16
17	1	4	8	12	17	21	24	27	29	31	17
18	1	4	8	12	17	21	24	27	29	31	18
19	1	4	8	12	17	21	24	27	29	31	19
20	1	4	8	12	17	21	24	27	29	31	20
21	1	4	8	12	17	21	24	27	29	31	21
22	1	4	8	12	17	21	24	27	29	31	22
23	1	4	8	12	17	21	24	27	29	31	23
24	1	4	8	12	17	21	24	27	29	31	24
25	1	4	8	12	17	21	24	27	29	31	25
26	1	4	8	12	17	21	24	27	29	31	26
27	1	4	8	12	17	21	24	27	29	31	27
28	1	4	8	12	17	21	24	27	29	31	28
29	1	4	8	12	17	21	24	27	29	31	29
30	1	4	8	12	17	21	24	27	29	31	30
31	1	4	8	12	17	21	24	27	29	31	31
32	1	4	8	12	17	21	24	27	29	31	32
33	1	4	8	12	17	21	24	27	29	31	33
34	1	4	8	12	17	21	24	27	29	31	34
35	1	4	8	12	17	21	24	27	29	31	35
36	1	4	8	12	17	21	24	27	29	31	36
37	1	4	8	12	17	21	24	27	29	31	37
38	1	4	8	12	17	21	24	27	29	31	38
39	1	4	8	12	17	21	24	27	29	31	39
40	1	4	8	12	17	21	24	27	29	31	40
41	1	4	8	12	17	21	24	27	29	31	41
42	1	4	8	12	17	21	24	27	29	31	42
43	1	4	8	12	17	21	24	27	29	31	43
44	1	4	8	12	17	21	24	27	29	31	44
45	1	4	8	12	17	21	24	27	29	31	45
46	1	4	8	12	17	21	24	27	29	31	46
47	1	4	8	12	17	21	24	27	29	31	47
48	1	4	8	12	17	21	24	27	29	31	48
49	1	4	8	12	17	21	24	27	29	31	49
50	1	4	8	12	17	21	24	27	29	31	50
51	1	4	8	12	17	21	24	27	29	31	51
52	1	4	8	12	17	21	24	27	29	31	52
53	1	4	8	12	17	21	24	27	29	31	53
54	1	4	8	12	17	21	24	27	29	31	54
55	1	4	8	12	17	21	24	27	29	31	55
56	1	4	8	12	17	21	24	27	29	31	56
57	1	4	8	12	17	21	24	27	29	31	57
58	1	4	8	12	17	21	24	27	29	31	58
59	1	4	8	12	17	21	24	27	29	31	59
60	1	4	8	12	17	21	24	27	29	31	60
61	1	4	8	12	17	21	24	27	29	31	61
62	1	4	8	12	17	21	24	27	29	31	62
63	1	4	8	12	17	21	24	27	29	31	63
64	1	4	8	12	17	21	24	27	29	31	64
65	1	4	8	12	17	21	24	27	29	31	65

**BENEFICIARY**—The beneficiary of this policy is named in the schedule on Page 4. The beneficiary may be changed at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change will be effective until we have endorsed it on this policy.

**REINSTATEMENT**—If this policy should lapse, you may reinstate it at any time within three years provided you have not surrendered it for its cash value. In order to do this you must pay all past due premiums and furnish evidence satisfactory to us that you are insurable. If this policy should be reinstated after having lapsed, no benefit will be payable for any loss which occurred while the policy was not in force.

**WAR OR NATIONAL EMERGENCY**—If during time of war or other national emergency, the United States Government restricts or allocates the use of steel and it consequently becomes impracticable for the Company to furnish the metal casket provided by combining this policy with another policy providing for a funeral of the retail value of \$250 or \$300, the Company will furnish, in lieu thereof, such other casket of comparable retail value as the beneficiary or other person having proper authority, may select from the stock of an authorized funeral director of the Company.

**ASSIGNMENT**—You may not assign this policy or any of its benefits.

**POLICY CONTROL**—If you are over 18 years of age, you have the entire ownership and control of this policy. If you are under 18 years of age, the entire ownership and control of this policy shall be vested in the beneficiary named herein from time to time until you reach your 18th birthday. If the beneficiary having ownership and control of this policy should die before you, then the ownership and control of the policy, if you are under 18 years of age, shall be vested in your surviving parent or your legal guardian or in any adult person having custody and control of you as may be reasonably determined by us. Ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges provided in this policy.

**MEANING OF PRONOUNS**—Unless clearly contrary to the context, wherever used in this policy, the words "We," "Our" or "Company" shall mean Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company; and "You" or "Your" shall mean the Insured named in the schedule on Page 4.

**ENTIRE CONTRACT**—This policy is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy signed by the President, a Vice-President, an Assistant Vice-President, the Secretary, or an Assistant Secretary of the Company.

Signed at Birmingham, Alabama, by the President and Secretary of Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, as of the date of issue shown in the schedule on Page 4.

*J. L. Burleson*  
SECRETARY

*[Signature]*  
PRESIDENT

**K**

DEC 08 '99 11:09AM WA FEES JIMMERSON P.19/19

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

BIRMINGHAM, ALABAMA

## ACCIDENT POLICY

BENEFIT FOR DEATH BY ACCIDENTAL MEANS

BENEFIT FOR DEATH BY AUTOMOBILE  
ACCIDENT

BENEFIT FOR DEATH BY TRAVEL ACCIDENT

PREMIUMS PAYABLE UNTIL POLICY  
ANNIVERSARY IMMEDIATELY PRECEDING  
INSURED'S 70TH BIRTHDAY

THIS POLICY IS NONCANCELLABLE AND  
GUARANTEED RENEWABLE UNTIL THE  
POLICY ANNIVERSARY IMMEDIATELY  
PRECEDING INSURED'S 70TH  
BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

4-67

POLICY NUMBER		NAME OF INSURED		DATE OF BIRTH		SEX	
DATE OF ISSUE		PREMIUM		AMOUNT OF INSURANCE		AGENCY	
Month	Day	Year	AGE	MONTH	DAY	YEAR	AGENCY
DATE OF ISSUE				LAST PREMIUM PAYABLE			
Amount of Insurance Benefit shown on page one							

IN THE UNITED STATES DISTRICT COURT  
IN AND FOR THE NORTHERN DISTRICT OF ALABAMA  
SOUTHERN DIVISION

ELLEN GAYLE MOORE, FANNIE )  
McCONNELL, SPENCER WILLIAMS, )  
and ANITA BOWERS, on Behalf of )  
themselves and all Others Similarly )  
Situating, )

Plaintiff, )

vs. )

LIBERTY NATIONAL INSURANCE )  
COMPANY, )

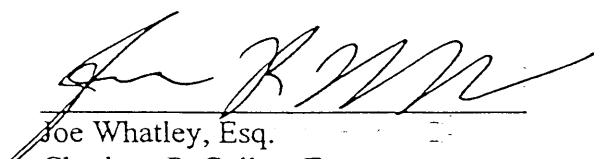
Defendant. )  
\_\_\_\_\_ )

Civ.No.:

CLASS ACTION

**REQUEST FOR SERVICE BY  
CERTIFIED MAIL**

Please serve the defendants Liberty National Insurance Company, by certified mail pursuant to Alabama Rules of Civil Procedure 4.1 and Federal Rules of Civil Procedure 4(c)(2)(C)(i).

  
\_\_\_\_\_  
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Charlene P. Cullen, Esq.

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